

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36755

State File No.

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 991	
1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, write RURAL and give township) Springfield c. LENGTH OF STAY (In this place) 4 days d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Ozark c. CITY (If outside corporate limits, write RURAL and give township) Long Run d. STREET ADDRESS (If rural, give location) Star Route			
3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) Arnold c. (Last) Wallace		4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 14 - 1931		9. AGE (In years last birthday) 19		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Private hauling		11. BIRTHPLACE (State or foreign country) Hammond, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Audia O. Wallace		13b. MOTHER'S M maiden NAME Audia Hobbs		14. NAME OF HUSBAND OR WIFE NEVER MARRIED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME L. D. Wallace		18. ADDRESS 2508 W. State		19. DATE OF OPERATION Nov 7 1950	
20. MAJOR FINDINGS OF OPERATION		21. OTHER SIGNIFICANT CONDITIONS		22. I hereby certify that I attended the deceased from Nov 10, 1950 to Nov 11, 1950 , that I last saw the deceased alive on Nov 11, 1950 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.		23. SIGNATURE Don J. Silsby (Degree or title) M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-16-50		24c. NAME OF CEMETERY OR CREMATORY Thornfield		24d. LOCATION (City, town, or county) (State) Thornfield, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE W. E. Handley		25. ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		26. DATE SIGNED 11-15-50		27. DATE REC'D BY LOCAL REG. 11-15-50	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.